

CUSTOMER INFORMATION UPDATE FORM

Individual or Joint - Current or Savings Account

Kindly complete this form. This is to enable us validate your record in order to serve you better.

BRANCH:*	<input type="text"/>												
DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
ACCOUNT NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
ACCOUNT NAME:	<input type="text"/>												
Do you currently hold another account with GCB	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Account No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
			OTHER ACCOUNT NOS:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
TITLE	<input type="text"/>	Prof.	Dr.	Mr.	Mrs.	Miss	Others						
SURNAME: *	<input type="text"/>												
FIRST NAME: *	<input type="text"/>												
OTHER NAMES:	<input type="text"/>												
MOBILE NUMBERS:*	<input type="text"/>												
E-MAIL ADDRESSES:*	<input type="text"/>												
DATE OF BIRTH:*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	SEX <input type="text"/>	EDUCATIONAL BACKGROUND <input type="text"/>				
NATIONALITY:*	<input type="text"/>							Country of Birth	<input type="text"/>				
PROFESSIONAL CATEGORY	<input type="text"/>							Occupation	<input type="text"/>				
MARITAL STATUS:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed								
NAME OF SPOUSE:	<input type="text"/>												
BIRTHDAY OF SPOUSE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Occupation	<input type="text"/>				
MOTHER'S MAIDEN NAME:	<input type="text"/>												
EMPLOYER'S NAME:	<input type="text"/>												
OFFICE POSTAL ADDRESS: *	<input type="text"/>												
OFFICE ADDRESS*	<input type="text"/>												
OFFICE NUMBER*	<input type="text"/>												
RESIDENTIAL ADDRESS:	<input type="text"/>												
CITY/TOWN:	<input type="text"/>												
COUNTRY OF RESIDENCE:	<input type="text"/>												
HOME TELEPHONE:*	<input type="text"/>							Fax:	<input type="text"/>				

ID TYPE: *

ID NUMBER:

ID ISSUER:

ID START DATE:*

D

D

M

M

Y

Y

ID EXPIRE DATE:*

D

D

M

M

Y

Y

NEXT-OF-KIN

BIRTH DATE:

D

D

M

M

Y

Y

FINANCIALS

Wage/Monthly salary

1-100

101-150

501-1000

1001 & Above

Freequency of pmt

Daily

Weekly

Monthly

Other

Mode of Pmt

Cash

Cheque

Direct Credit

Product selected

Savings

Current

Forex

Foreign

Currency of Account

GH¢

US\$

GB£

€

Purpose of Account

Personal Savings

Loan Servicing

Investment

Salaries

Transactional

Others, please specify Source of funds

Source of funds

Personal Savings

Other Income

Salary

Others please specify

Anticipated volume & Type of Activity

Transaction Types

Anticipated No. of Transactions

1-5

6-10

11 & Above

Anticipated Amount per month

1-1000

1001-5000

5001 & Above

Deposits

(Including inward remittances)

1-5

6-10

11 & Above

1-1000

1001-5000

5001 & Above

Withdrawals

(including outward remittances)

1-5

6-10

11 & Above

1-1000

1001-5000

5001 & Above

I/We consent to the Bank making available information on the account to the Central Data Bank of the Association of Bankers, Credit Reference Bureau and Agencies.

CUSTOMER'S SIGNATURE: *

THUMB PRINT

EZWICH CARD ISSUED NUMBER

Data input by:

Name

Signature

D

D

M

M

Y

Y

Signature verified by

Name

Signature

D

D

M

M

Y

Y

Supporting Documents
Obtained & checked by

D

D

M

M

Y

Y

Authorised by:

Name

Signature

D

D

M

M

Y

Y

NOTE ID TYPE: PASSPORT, NATIONAL ID, DRIVERS LICENCE, VOTERS ID.

EXISTING CUSTOMER ID(S)*

DATE WORKED ON: _____

DATE COMPLETED : _____